

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L40081

1. Corporation Name

HIGH VOLTAGE ENVIRONMENTAL APPLICATIONS, INC.

Principal Place of Business

3613 DEL PRADO BLVD
~~3662 DORAL BLVD~~
CAPE CORAL FL 33904
US

Mailing Address

3613 DEL PRADO BLVD
~~3662 DORAL BLVD~~
CAPE CORAL FL 33904
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1989

SP

5. FEI Number

65-0165835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A fee is required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KURUCZ, CHARLES N	7985 SW 135TH ST	MIAMI FL
D	WAITE, THOMAS D	8232 SW 103RD AVE	MIAMI FL
D	COOPER, WILLIAM J.	14111 S.W. 74 TERRACE	MIAMI FL
D	WIRGIN, JORGEN	5201 SARASOTA CT	CAPE CORAL FL
D	MANSSON, LARS	3613 DEL PRADO BLVD	CAPE CORAL FL
9000030509--4 -11/22/99--01017--005 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

KURUCZ, CHARLES N
7985 SW 135TH ST
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Charles N. Kurucz
REGISTERED AGENT MUST SIGN

Date 11/5/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES N. KURUCZ

Date

Daytime Phone #

11/5/99
441-339-9959

REINSTATEMENT

99

CR2040 (8/99)